

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.**

State File No. **19619**
Registrar's No. **1301**

FILED JUN 10 1957

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 542		Registrar's No. 1301	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY OR TOWN Chesterfiled		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) Olive St. Road Box 244			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Eugene		c. (Last) Lesinski		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, X DIVORCED, SEPARATED MARRIED		8. DATE OF BIRTH Jan. 24, 1920		9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Excavator		10b. KIND OF BUSINESS OR INDUSTRY Grading		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Lesinski		13b. MOTHER'S MAIDEN NAME Eleanor Prusik		14. NAME OF HUSBAND OR WIFE Bettie M. Lesinski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give way or dates of service) W.W.#2		16. SOCIAL SECURITY NO. 488-12-7578		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bettie M. Lesinski Chesterfiled, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES (b) Acute Coronary Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 Hr. 2 Hrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from March 22, 1955 , to May 20, 1957 , that I last saw the deceased alive on May 19, 1957 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Herbert B. Dumbek (Degree or title) M.D.		23b. ADDRESS 2504 Woodson Rd. Overland, Mo.		23c. DATE SIGNED May 21, 1957			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 5-22-1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 5-21-57		REGISTRAR'S SIGNATURE Herbert B. Dumbek		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2504 Woodson Rd. Overland-11-Mo.			

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*David C. Gibson*.....

Licensed Embalmer No. *34*

P. O. Address *Overland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.